

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 11 PAGES
1. REQUEST NO. N00173-12-Q-0153	2. DATE ISSUED 04/24/12	3. REQUISITION/PURCHASE REQUEST NO. 68-4052-12	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Supply Officer (Code 3410) NRL, Washington, DC 20375			6. DELIVER BY (Date) 07/31/12	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Jodi Fields		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-6198		9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW
c. STREET ADDRESS			c. CITY Washington	
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC
				e. ZIP CODE 20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 05/04/2012		IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheets				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE AREA CODE	
b. STREET ADDRESS						
c. COUNTY						
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-12-Q-0153		PAGE OF 2 11	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	Body Weld Flange P/N: 120150	6	EA				
0002	Flange Keyed Plate P/N: 120150	6	EA				
0003	Input Cavity Plate 00 P/N: 120152	3	EA				
0004	Input Cavity Plate 0 P/N: 120153	3	EA				
0005	Input Cavity Plate 1 P/N: 120154	3	EA				
0006	Input Cavity Plate 2 P/N: 120155	3	EA				
0007	Input Cavity Plate 3 P/N: 120156	3	EA				
0008	Input Cavities Plate P/N: 120157	30	EA				
0009	Junction Cavity Plate P/N: 120158	3	EA				
0010	Output Cavities P/N: 120160	12	EA				
0011	Output Cavity Plate 3 P/N: 120161	3	EA				
0012	Output Cavity Plate 2 P/N: 120162	3	EA				
0013	Output Cavity Plate 1 P/N: 120163	3	EA				
0014	Output Cavity Plate 0 P/N: 120164	3	EA				
0015	Output Cavity Plate 00 P/N: 120165	3	EA				

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NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
	<p>NOTE: See Attachment 1 for drawings</p> <p>Brand name or equal</p> <p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202) 767-1708.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>						